

# INCOME CHANGE FORM – *Income Changes for Current Household Members*

**PROVIDE CURRENT ORIGINAL DOCUMENTATION (IF AVAILABLE) TO VERIFY THE CHANGE(S) YOU ARE REPORTING!**

Housing Authority program participants are required to report all changes within 14 days of the change. Please use this form to report any INCOME CHANGES for current household members. Please provide current original documentation of the changes you are reporting. This can speed up the processing of your adjustment. Since you are required to provide original documents, you may wish to keep a copy for your own records

Last 4  
digits of  
Social  
Security #:

Head of Household: \_\_\_\_\_ Phone No: \_\_\_\_\_

**Please complete a separate copy of this form for every household member who has a change in income. Also, provide current original documentation (if available) to verify the change you are reporting. Failure to provide current original documentation will delay the processing of your request.**

**1. Name of Household Member with Income Change:** \_\_\_\_\_ **Last 4 digits of Social Security Number:** \_\_\_\_\_

**2. Type of Income Change:**

<input type="checkbox"/> <b>Decrease in income</b>	<input type="checkbox"/> <b>Increase in Income</b>
<input type="checkbox"/> Less money / hours at existing job	<input type="checkbox"/> More money / hours at existing job
<input type="checkbox"/> Lost job / laid off	<input type="checkbox"/> New job (provide hire date on item 4 below)
<input type="checkbox"/> Lost / decreased public assistance / benefit	<input type="checkbox"/> New / increased public assistance / benefit
<input type="checkbox"/> Other decrease (Explain) _____	<input type="checkbox"/> Other increase (Explain) _____

**3. Amount of Increase or Decrease:** \$\_\_\_\_\_  Hourly  Weekly  Monthly  Annually  Other: \_\_\_\_\_

**4. Effective Date of Income Change (month / day / year):** \_\_\_\_\_

**5. Duration of Income Change:**  Ongoing / indefinite  Income change will end on: \_\_\_\_\_

\* \* \* \* **DON'T FORGET TO SIGN PAGE 2 OF THIS FORM!** \* \* \* \*

